

SPONSOR ENTITY APPLICATION/AGREEMENT



When completed send to:

Volunteer Health Care Provider Program
Iowa Department of Public Health
Lucas State Office Building, 4th Fl
321 E 12th St
Des Moines, IA 50319

Fax: (515) 725-1016

Fax: (515) 242-6384

For questions, contact:

Lloyd Burnside
(515) 242-6879

Lloyd.Burnside@idph.iowa.gov

Iowa Department of Public Health

SECTION 1. SPONSOR ENTITY INFORMATION

Sponsor Entity Name:		
Sponsor Entity Address:		
Sponsor Entity Phone:		Fax:
City:	State:	Zip Code:
Contact First Name:		
Contact Last Name:		
Contact Email:		Phone:

SECTION 2. DEFENSE AND INDEMNIFICATION

Are you applying for defense and indemnification of your site?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, this is the wrong VHCPP application/agreement. Please complete the VHCPP Protected Clinic Application/Agreement.
Attach the SPONSOR ENTITY's certification of general liability insurance		
Proof of Licensure of the SPONSOR ENTITY to the extent required by law		

SECTION 3. PROFESSIONS, PATIENT GROUPS, AND HEALTH CARE SERVICES

Identify the professions, patient groups, and health care services to be provided by each profession for the Volunteer Health Care Provider Program.

Advanced Registered Nurse Practitioner (ARNP) IOWA CODE CHAPTER 152				
Child	Adolescent	Adult	Senior	Services
NA	NA			Annual adult examinations
		NA	NA	Well child examinations
				Diagnosis & treatment of acute & chronic conditions
				Health education
				Health maintenance
				Immunizations
				Minor surgical procedures
				Anesthesia services for major surgical procedures
Audiologist IOWA CODE CHAPTER 154F				
Child	Adolescent	Adult	Senior	Services
				Testing, measurement and evaluation related to hearing and hearing disorders and associated communication disorders for the purpose of nonmedically identifying, preventing, modifying or remediating such disorders and conditions including the determination and use of appropriate amplification
				Patient instruction/counseling
				Patient habilitation/rehabilitation
				Referrals

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(continued) SECTION 3. PROFESSIONS, PATIENT GROUPS, AND HEALTH CARE SERVICES				
Chiropractor (DC) IOWA CODE CHAPTER 151				
Child	Adolescent	Adult	Senior	Services
NA	NA			Examinations
NA	NA			Diagnosis & treatment
NA	NA			Health education
NA	NA			Health maintenance
Dental Assistant (RDA) IOWA CODE CHAPTER 153				
Child	Adolescent	Adult	Senior	Services
				Intraoral services
				Extraoral services
				Infection control
				Radiography
				Removal of plaque or stain by toothbrush, floss, or rubber cup coronal polish
Dental Hygienist (RDH) IOWA CODE CHAPTER 153				
Child	Adolescent	Adult	Senior	Services
				Assessments and screenings
				Health education
				Health maintenance
				Preventative services (cleaning, x-rays, sealants, fluoride treatments, fluoride varnish)
Dentist (DDS) IOWA CODE CHAPTER 153				
Child	Adolescent	Adult	Senior	Services
				Dental examinations
				Diagnosis & treatment of acute & chronic conditions
				Health education
				Health maintenance
				Minor surgical procedures
Emergency Medical Care Provider IOWA CODE CHAPTER 147A				
Child	Adolescent	Adult	Senior	Services
				Airway/ventilation/oxygenation
				Assisted medications - patient's
				Cardiovascular/circulation
				Immobilization
				IV initiation/maintenance/fluids
				Medication administration - routes
Licensed Practical Nurse (LPN) IOWA CODE CHAPTER 152 OR 152E				
Child	Adolescent	Adult	Senior	Services
				Provision of supportive or restorative care
Marital and Family Therapist IOWA CODE CHAPTER 154D				
Child	Adolescent	Adult	Senior	Services
				Marital and family therapy
				Application of counseling techniques in the assessment and resolution of emotional conditions
Mental Health Counselor IOWA CODE CHAPTER 154D				
Child	Adolescent	Adult	Senior	Services
				Mental health counseling
				Counseling services involving assessment, referral and consultation
Occupational Therapist (OT) IOWA CODE CHAPTER 148A				
Child	Adolescent	Adult	Senior	Services
				Evaluation and treatment of problems interfering with functional performance in persons impaired by physical illness or injury, emotional disorder, congenital or developmental disability, or the aging process

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(continued) SECTION 3. PROFESSIONS, PATIENT GROUPS, AND HEALTH CARE SERVICES				
Optometrist (OD) IOWA CODE CHAPTER 154				
Child	Adolescent	Adult	Senior	Services
				Examinations
				Diagnosis & treatment of conditions of the human eye and adnexa
				Health education
				Health maintenance
Pharmacist (RPh) IOWA CODE CHAPTER 155A				
Child	Adolescent	Adult	Senior	Services
				Drug dispensing
				Patient counseling
				Health screenings and education
				Immunizations
Physical Therapist (PT) IOWA CODE CHAPTER 148A				
Child	Adolescent	Adult	Senior	Services
NA	NA			Interpretation of performance tests, and measurements
		NA	NA	Evaluation and treatment of human capabilities and impairments
				Use of physical agents, therapeutic exercises, and rehabilitative procedures to prevent, correct, minimize, or alleviate a physical impairment
				Establishment and modification of physical therapy program
				Treatment planning
				Patient instruction/education
Physician (MD/DO) IOWA CODE CHAPTER 148, 150, AND/OR 150A				
Child	Adolescent	Adult	Senior	Services
NA	NA			Annual adult examinations
		NA	NA	Well child examinations
				Diagnosis & treatment of acute & chronic conditions
				Health education
				Health maintenance
				Immunizations
				Minor surgical procedures
				Major surgical procedures
*Physician Assistant (PA) IOWA CODE CHAPTER 148C <i>Requires supervising physician</i>				
Child	Adolescent	Adult	Senior	Services
NA	NA			Annual adult examinations
		NA	NA	Well child examinations
				Diagnosis & treatment of acute & chronic conditions
				Health education
				Health maintenance
				Immunizations
				Minor surgical procedures
Podiatrist (DPM) IOWA CODE CHAPTER 149				
Child	Adolescent	Adult	Senior	Services
				Examinations
				Diagnosis & treatment
				Health education
				Health maintenance
				Minor surgical procedures
Psychologist (PsyD/PhD) IOWA CODE CHAPTER 154B				
Child	Adolescent	Adult	Senior	Services
				Counseling & use of psychological remedial measures for persons with adjustment or emotional problems

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(continued) SECTION 3. PROFESSIONS, PATIENT GROUPS, AND HEALTH CARE SERVICES				
Registered Nurse (RN) IOWA CODE CHAPTER 152 OR 152E				
Child	Adolescent	Adult	Senior	Services
NA	NA			Annual adult examinations
		NA	NA	Well child examinations
				Treatment of acute & chronic conditions
				Health education
				Health maintenance
				Immunizations
Respiratory Therapist (RT) IOWA CODE CHAPTER 152B				
Child	Adolescent	Adult	Senior	Services
				Screening spirometry
				Pulmonary function testing
				Administration of pharmacologic agents relating to respiratory care procedures
				Administration of medical gases not including general anesthesia
				Administration of humidity and aerosol therapy
				Administration of lung expansion therapies
				Administration of bronchial hygiene therapy
				Maintenance of airway patency
				Diagnosis and treatment of sleep disorders
				Patient and caregiver education
				Assessment and evaluation of plan of care
				Non-invasive ventilation
Social Worker-Bachelor (BSW) IOWA CODE CHAPTER 154C				
Child	Adolescent	Adult	Senior	Services
				Psychosocial assessment and intervention through direct contact with clients.
				Referral to other qualified resources for assistance
				Performance of social histories
				Problem identification
				Establishment of goals and monitoring of progress
				Interviewing techniques
				Counseling
				Social work administration
				Supervision
				Evaluation
				Interdisciplinary consultation and collaboration
Social Worker-Independent (LISW) IOWA CODE CHAPTER 154C				
Child	Adolescent	Adult	Senior	Services
				Psychosocial assessment, diagnosis & treatment
				Performance of psychosocial histories
				Problem identification
				Evaluation of symptoms and behavior
				Assessment of psychosocial and behavioral strengths and weaknesses, effects of the environment on behavior
				Psychosocial therapy
				Differential treatment planning
				Interdisciplinary consultation

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(continued) SECTION 3. PROFESSIONS, PATIENT GROUPS, AND HEALTH CARE SERVICES

Social Worker-Master (MSW) IOWA CODE CHAPTER 154C				
Child	Adolescent	Adult	Senior	Services
				Psychosocial assessment, diagnosis & treatment
				Performance of psychosocial histories
				Problem identification
				Evaluation of symptoms and behavior
				Assessment of psychosocial and behavioral strengths and weaknesses, effects of the environment on behavior
				Psychosocial therapy
				Differential treatment planning
				Interdisciplinary consultation

Speech Pathologist IOWA CODE CHAPTER 154F				
Child	Adolescent	Adult	Senior	Services
				Testing, measurement and evaluation related to the development and disorders of speech, fluency, voice or language for the purpose of nonmedically preventing, ameliorating, modifying or remediationg such disorders and conditions
				Patient instruction/counseling
				Patient habilitation/rehabilitation
				Referrals

SECTION 4. INDIVIDUAL SITE INFORMATION

Provide information regarding individual site location(s) where the free healthcare services will be provided below:

Site Name:								
Site Address:								
Site Phone:					Fax:			
City:			State:			Zip Code:		
Site Manager First Name:								
Site Manager Last Name:								
Site Email:					Site Phone:			
Day of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Hours of Operation								

Site Name:								
Site Address:								
Site Phone:					Fax:			
City:			State:			Zip Code:		
Site Manager First Name:								
Site Manager Last Name:								
Site Email:					Site Phone:			
Day of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Hours of Operation								

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(continued) SECTION 4. INDIVIDUAL SITE INFORMATION

Provide information regarding individual site location(s) where the free healthcare services will be provided below:

Site Name:							
Site Address:							
Site Phone:				Fax:			
City:		State:			Zip Code:		
Site Manager First Name:							
Site Manager Last Name:							
Site Email:				Site Phone:			
Day of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation							

Site Name:							
Site Address:							
Site Phone:				Fax:			
City:		State:			Zip Code:		
Site Manager First Name:							
Site Manager Last Name:							
Site Email:				Site Phone:			
Day of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation							

SECTION 5. SPONSOR ENTITY AGREEMENT SECTION

This SPONSOR ENTITY agreement is entered into by _____, (hereinafter known as SPONSOR ENTITY) and the Iowa Department of Public Health (hereinafter DEPARTMENT).

SECTION 6. AUTHORITY AND PURPOSE OF VHCPP

The Volunteer Health Care Provider Program (hereinafter VHCPP) has been established pursuant to Iowa Code section 135.24 and 641 Iowa Administrative Code Chapter 88 to defend and indemnify eligible INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDERS providing free health care services.

SECTION 7. PURPOSE OF SPONSOR ENTITY AGREEMENT

The purpose of this SPONSOR ENTITY agreement is to identify the terms and conditions under which the SPONSOR ENTITY is approved to participate in the VHCPP.

SECTION 8. SCOPE OF SPONSOR ENTITY AGREEMENT

Only the DEPARTMENT approved INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER is afforded protection under Iowa Code section 135.24, based upon individual applications, and the state assumes no obligation to the SPONSOR ENTITY, its employees, officers, or agents.

SECTION 9. ELIGIBILITY CONDITIONS

The state of Iowa shall provide defense and indemnification coverage for INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDERS for the services described in the above application and in accordance with Iowa Code section 669.21, provided that the following conditions are satisfied:

The SPONSOR ENTITY is approved under the VHCPP and agrees to the following:

Only the approved VHCPP INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER is afforded protection under Iowa Code section 135.24, and the state assumes no obligation to the SPONSOR ENTITY its employees, officers, or agents, unless the SPONSOR ENTITY is registered as a PROTECTED CLINIC in accordance with 641 Iowa Administrative Code Chapter 88, subrule 88.3(2).

SPONSOR ENTITY APPLICATION/AGREEMENT

(continued) SECTION 9. ELIGIBILITY CONDITIONS

- (1) Provide health care services to those persons who are uninsured and underinsured for the public health purpose of improved overall health, prevention of illness/injury, and disease management.
- (2) Cooperate fully with the state in the defense of any claim or suit relating to participation in the VHCPP, including attending hearings, depositions and trials and assisting in securing and giving evidence, responding to discovery and obtaining the attendance of witnesses.
- (3) Accept financial responsibility for the SPONSOR ENTITY site's expenses and costs incurred in the defense of any claim or suit related to participation in the VHCPP, including travel, meals, compensation for time and lost practice, and copying costs, and agree the state will not compensate the SPONSOR ENTITY for expenses or time needed for the defense of the claim or suit.

Claim. The claim involves medical injury proximately caused by the health care services identified and approved in section three of this application/SPONSOR ENTITY agreement and then only to the extent the health care services were provided under direct supervision of the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER, including claims based on negligent delegation of health care or the INDIVIDUAL HEALTH CARE PROVIDER is named a defendant solely because of the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER's participation in the SPONSOR ENTITY site,

- (a) such health care services were performed at a site identified and approved in section four of this SPONSOR ENTITY application/agreement;
- (b) covered health care services are identified on the approved SPONSOR ENTITY agreement and the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER's protection agreement with the VHCPP and meets the requirements of 641 IAC 88,
- (c) the SPONSOR ENTITY receives no direct monetary compensation of any kind or promise to pay compensation for the health care services which resulted in injury,
- (d) the health care services were provided to a patient who was part of the patient group identified in section three of this SPONSOR ENTITY application/agreement, and has not acted willfully or wantonly or committed malfeasance;
- (e) the SPONSOR ENTITY is eligible and registered as provided in rule 641-88.4(135) and has been approved by the VHCPP.

SECTION 10. DURATION OF SPONSOR ENTITY AGREEMENT

This application/agreement shall be effective for two years from the date of execution. (Date of DEPARTMENT signature on the last page of the SPONSOR ENTITY application/agreement.)

SECTION 11. PATIENT RECORDS

The SPONSOR ENTITY shall maintain the confidentiality of all records related to this SPONSOR ENTITY application/agreement in accordance with state and federal laws and regulations.

The SPONSOR ENTITY shall protect from unauthorized disclosure all confidential records and data, including but not limited to the names and other identifying information of persons receiving health care services pursuant to this SPONSOR ENTITY application/agreement.

The SPONSOR ENTITY shall not use such identifying information for any purpose other than carrying out the VHCPP services under this SPONSOR ENTITY application/agreement.

The SPONSOR ENTITY shall maintain proper medical records for all patients served through the VHCPP for seven years following the date of service, or, in the case of a minor, for a period of one year after the minor has reached the age of majority.

SECTION 12. REQUIRED REPORTS

Within 60 days following each calendar quarter, the SPONSOR ENTITY shall provide a report, from each site identified in section 4, to the VHCPP. A reporting form will be provided by the VHCPP at the time the SPONSOR ENTITY agreement is approved by the VHCPP.

SECTION 13. REPRESENTATIONS

The SPONSOR ENTITY through which the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER provides free health care services shall retain responsibility for determining that health care personnel are competent and capable of adequately performing the health care services to be provided.

The SPONSOR ENTITY shall make no representations concerning eligibility for the VHCPP or eligibility of services for indemnification by the state except as authorized by the DEPARTMENT.

SECTION 14. REPORTING REQUIREMENTS AND DUTIES

Upon obtaining knowledge or becoming aware of any injury allegedly arising out of the negligent rendering of, or the negligent failure to render, covered services under the VHCPP, the SPONSOR ENTITY shall provide to the VHCPP, as soon as practicable, written notice containing, to the extent obtainable, the circumstance of the alleged injury, the names and addresses of the injured, and any other relevant information.

SPONSOR ENTITY APPLICATION/AGREEMENT

(continued) SECTION 14. REPORTING REQUIREMENTS AND DUTIES

Upon obtaining knowledge or becoming aware of an injury as defined in subrule 88.8(1), the SPONSOR ENTITY shall promptly take all reasonable steps to prevent further or other injury from arising out of the same or similar incidents, situations or conditions.

The SPONSOR ENTITY shall immediately notify the Iowa Department of Justice, Special Litigation Division, Hoover State Office Building, Des Moines, Iowa 50319, of service or receipt of an original notice, petition, suit or claim seeking damages from the SPONSOR ENTITY related to participation in VHCPP.

SECTION 15. TERMINATION OF SPONSOR ENTITY AGREEMENT

By the Department. The DEPARTMENT may deny, suspend, revoke, or condition the future eligibility of the SPONSOR ENTITY for cause, including but not limited to:

Failure to comply with the SPONSOR ENTITY agreement with VHCPP.

Violation of state law governing the respective scope of practice or other law governing the health care services provided under the VHCPP.

Making false, misleading or fraudulent statements in connection with the VHCPP, including determination of eligibility of the SPONSOR ENTITY or handling of a claim against the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER, SPONSOR ENTITY or the state.

Evidence of substance abuse or intoxication affecting the provision of health care services under the VHCPP.

Reasonable grounds to believe incompetent or inadequate care may have been provided through the SPONSOR ENTITY to a patient under the VHCPP or is likely to do so.

Reasonable grounds to believe the SPONSOR ENTITY's participation in the program may expose the state to undue risk.

Failure to immediately notify the VHCPP of any disciplinary action brought against the INDIVIDUAL VOLUNTEER HEALTH CARE PROVIDER by the applicable state licensing board.

By the Sponsor Entity. The SPONSOR ENTITY may terminate this agreement at any time by providing thirty days written advance notice to the DEPARTMENT.

SECTION 16. SPONSOR ENTITY AMENDMENTS

This SPONSOR ENTITY agreement may be amended in writing by mutual consent of the parties. All amendments to this SPONSOR ENTITY agreement must be in writing and fully executed by the parties.

SECTION 17. ASSIGNMENT

This SPONSOR ENTITY agreement may not be assigned, transferred, conveyed, or delegated in whole or in part.

SECTION 18. SIGNATURE OF SPONSOR ENTITY AGREEMENT

The SPONSOR ENTITY is not approved for volunteer health care services provided prior to the signing of the agreement by the DEPARTMENT. Once fully executed, this document serves as the agreement between the SPONSOR ENTITY and the DEPARTMENT. A fully signed copy will be sent to the SPONSOR ENTITY.

Signature of Sponsor Entity Manager

Date

Signature of Sponsor Entity Medical Director

Date

Brenda Dobson, MS, RDN, LD, Director

Date

Division of Health Promotion and Chronic Disease Prevention